

MEDICAID

Medicaid refers to the fee-for-service program for elderly and disabled individuals. Individuals in ME (Medicaid Eligibility) categories that pertain to the blind, pregnant, and children receive a full comprehensive package including primary, acute and preventive care, hospital care, dental, prescriptions, and vision. Adults not in the below categories receive limited benefits. The ME codes included in the Medicaid program are as follows:

Full Comprehensive Package

ME Code	Description
02	Blind Pension
03	Aid to Blind
12	Medical Assistance - Aid to the Blind
15	Nursing Care - Aid to the Blind
23	Medical Assistance - Child in Vendor Institution
28	Department of Mental Health - Foster Care
33	MO Children with Developmental Disabilities (DMH Match)
34	MO Children with Developmental Disabilities (DSS Match)
41	Intermediate Care Facility for Mentally Retarded - Poverty
49	Department of Mental Health-Poverty

Limited Benefit Package

ME Code	Description
01	Old Age Assistance
04	Permanently and Totally Disabled
11	Medical Assistance - Old Age Assistance
13	Medical Assistance - Permanently and Totally Disabled
14	Nursing Care - Old Age Assistance
16	Nursing Care - Permanently and Totally Disabled
55	Qualified Medicare Beneficiary (QMB)
58	Presumptive Eligibility (Subsidized)
59	Presumptive Eligibility (Non-Subsidized)
80	Women's Health Services
81	Temporary Assignment Category
83	Presumptive Eligibility - Breast or Cervical Cancer Treatment (BCCT)
84	Regular Benefit - Breast or Cervical Cancer Treatment (BCCT)

MC+

MC+ refers to the statewide medical assistance program for low-income families, pregnant women and children. MC+ recipients receive their care through *either* the Fee-for-Service (FFS) delivery system or the Managed Care delivery system, depending on where the individual lives in Missouri (see chart below).

Individuals in ME categories that pertain to the blind, pregnant, and children receive a full comprehensive package including primary, acute and preventive care, hospital care, dental, prescriptions, and vision. Refer to the listings below to determine the benefit package for each ME code.

MC+ FFS program serves recipients not enrolled in MC+ Managed Care, and provides some services not included in MC+ Managed Care. All of Missouri Medicaid's providers are automatically enrolled as approved providers eligible to treat MC+ FFS recipients. MC+ FFS recipients may freely choose which approved provider they go to for care under the MC+ FFS delivery system.

MC+ Managed Care serves MC+ Managed Care members in 37 counties of Missouri. MC+ Managed Care members must select a managed care plan and a primary care provider (PCP) within the plan. That provider may refer the member to other providers based on care needed. Providers must be in the MC+ Managed Care health plan network.

MC+ Managed Care members may be seen by any MC+ FFS provider until the member is effective in an MC+ Managed Care plan. Providers can determine whether members are covered by MC+ Managed Care or MC+ FFS by swiping the red MC+ card, calling the Interactive Voice System (IVR) at 573-635-8908 and using option "1" or through the internet at www.emomed.com. The ME codes included in the MC+ program are listed below.

Full Comprehensive Package

ME Code	Description
06	Medical Assistance for Families - Child
07	Medical Assistance - Foster Care
08	Child Welfare Services-Foster Care
18	Unborn Child
29	Division of Youth Services-Foster Care
30	Juvenile Courts - Foster Care
36	Adoption Subsidy - Federal Financial Participation
37	Title XIX - Homeless, Dependent, Neglected
40	Medical Assistance - Poverty
43	Pregnant Woman - 60 Day Assistance
44	Pregnant Woman - 60 Day Assistance - Poverty
45	Pregnant Woman - Poverty
50	Division of Youth Services-Poverty
52	Division of Youth Services-General Revenue
56	Medical Assistance - Foster Care - Adoption Subsidy
57	Child Welfare Services - Foster Care - Adoption Subsidy
60	Newborn
61	Medicaid for Pregnant Women - Health Initiative Fund
62	Medicaid for Children - Health Initiative Fund
64	Group Home - Health Initiative Fund (State Placement)
65	Group Home - Health Initiative Fund (Parent/Guardian Placement)
66	Child Welfare Services - Health Initiative Fund
67	Dept of Mental Health - Health Initiative Fund
68	Division of Youth Services - Health Initiative Fund
69	Juvenile Courts - Health Initiative Fund
70	Juvenile Courts - Poverty
87	Presumptive Eligibility Children
88	Voluntary Placement Agreement (Fee-For-Service Only)

Limited Benefit Package

ME Code	Description
05	Medical Assistance for Families - Adult
10	Vietnamese or Other Refugees
19	Cuban Refugee
21	Haitian Refugee
24	Russian Jew
26	Ethiopian Refugee

NUMBER OF COUNTIES	
Central Region	18
Eastern Region	10
Western Region	9

NUMBER OF HEALTH PLANS	
Central Region	2
Eastern Region	3
Western Region	4



MC+ FOR KIDS

MC+ for Kids is a subgroup of MC+ and refers to health insurance for uninsured children funded through the State Children's Health Insurance Program (SCHIP). These children must be under age 19, have a family income below 300% poverty, have been uninsured for 6 months or more, and have no access to other health insurance coverage for less than \$342 per month (for premium group only.)

These children receive the same full comprehensive package as MC+ individuals receive *except MC+ for Kids individuals are not eligible for non-emergency medical transportation*. Some MC+ for Kids individuals must pay premiums. MC+ for Kids ME codes and premium requirements include the following:

NO PREMIUM GROUP

ME Code	Description
71	Children ages 1 thru 5; family income 134-150%
72	Children ages 6 thru 18; family income 101-150%

PREMIUM GROUP

Effective September 1, 2005 premiums per family per month range from \$12 to \$257 depending on family size and income. Families will not have to pay more than 1%, 3% or 5% of their income in a year. (See Premium Chart at right.) These amounts may change in July of each year.

ME Code	Description
73	Children ages 1 thru 18; family income 150+-185%
74	Children ages 0 thru 18; family income 185+ -225%
75	Children ages 0 thru 18; family income 225+ -300%

MC+ Covered Children By Age and Income

% of Federal Poverty Level	225+ -300	SCHIP Premium = 5% Family Income (\$90 - \$257)		
	185+-225	SCHIP Premium = 3% Family Income (\$44 - \$135)		
	150+-185	SCHIP - Non Premium	SCHIP Premium = 1% Family Income (\$12 - \$36)	
	133+-150			
	100+-133			
	0-100		Title XIX	
		0 thru 1 Years Old	1 thru 5 Years Old	6 thru 18 Years Old

State Fiscal Year 2006 MC+ Premiums EFFECTIVE September 1, 2005			
Family Size	Percent of Income	Monthly Income	Premium Amount
1	1%	\$ 1,197.01 to \$ 1,476.00	\$12
1	3%	\$ 1,476.01 to \$ 1,795.00	\$44
1	5%	\$ 1,795.01 to \$ 2,393.00	\$90
2	1%	\$ 1,604.01 to \$ 1,978.00	\$16
2	3%	\$ 1,978.01 to \$ 2,406.00	\$59
2	5%	\$ 2,406.01 to \$ 3,208.00	\$120
3	1%	\$ 2,012.01 to \$ 2,481.00	\$20
3	3%	\$ 2,481.01 to \$ 3,017.00	\$74
3	5%	\$ 3,017.01 to \$ 4,023.00	\$151
4	1%	\$ 2,419.01 to \$ 2,984.00	\$24
4	3%	\$ 2,984.01 to \$ 3,629.00	\$90
4	5%	\$ 3,629.01 to \$ 4,838.00	\$181
5	1%	\$ 2,827.01 to \$ 3,486.00	\$28
5	3%	\$ 3,486.01 to \$ 4,240.00	\$105
5	5%	\$ 4,240.01 to \$ 5,653.00	\$212
6	1%	\$ 3,234.01 to \$ 3,989.00	\$32
6	3%	\$ 3,989.01 to \$ 4,851.00	\$120
6	5%	\$ 4,851.01 to \$ 6,468.00	\$243
7	1%	\$ 3,642.01 to \$ 4,491.00	\$36
7	3%	\$ 4,491.01 to \$ 5,462.00	\$135
7	5%	\$ 5,462.01 to \$ 7,283.00	\$257
Premium information for family sizes of 8+ is available upon request.			

HELP LINE PHONE NUMBERS

All of these programs are administered by the Department of Social Services, Division of Medical Services. If you have questions regarding any of these programs, you may contact one of the following:

- Providers wishing to enroll as Medicaid/MC+ providers can obtain an application at www.dss.mo.gov/dms or email **Provider Enrollment** at providerenrollment@mail.medicaid.state.mo.us.
- Providers with Medicaid inquiries should:
 - Call the **IVR Line** at 573-635-8908 (Includes; Recipient Eligibility, Check Amount Information, Claim Information.), or
 - Contact **Provider Relations** at 573-751-2896 to speak with a phone specialist, or
 - Consult on-line help via www.emomed.com or
 - Check the provider manuals at www.dss.mo.gov/dms.
- Individuals with inquiries or questions about co-payments should call **Recipient Services** at 573-751-6527 or 1-800-392-2161.
- Individuals wishing to enroll in or change MC+ Managed Care health plans should call the **MC+ Managed Care Enrollment Help Line** at 1-800-348-6627.

- Individuals who have questions about premiums should call the **Premium Collections Unit** at 1-877-888-2811
- Individuals with general eligibility questions or wishing to apply for Medicaid should contact the Family Support Division office located in their county of residence, which can be found at www.dss.mo.gov/fsd/office.
- Individuals wishing to apply for MC+ should call the **MC+ Service Center Line** at 1-888-275-5908.
- Individuals wanting information about the **Health Insurance Premium Payment (HIPP) Program** should call 573-751-2005. DMS will pay the insurance premium if a recipient qualifies.
- Providers, MC+ Fee-For-Service and Medicaid recipients with questions about Non-Emergency Medical Transportation (NEMT) may call the **NEMT Help Line** at 1-866-269-5927.
- Individuals enrolled in an MC+ Health Plan must contact the health plan for information regarding NEMT.
- Providers needing assistance with pharmacy claims and program edits may call 800-392-8030. This line cannot assist recipients. Check <http://dss.missouri.gov/dms/pages/frequpdat.htm> and <http://dss.missouri.gov/dms/pages/clinedit.htm> for frequently updated Pharmacy Program information.

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